

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**6413534107**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		2				
2	/						52		2				
3		2					53		2				
4		1					54		2				
5		1					55		2				
6		1					56		2				
7		1					57		2				
8		1					58		2				
9		1					59		2				
10		1					60		2				
11		1					61		2				
12		1					62		2				
13		2					63		2				
14		2					64	1					
15		2					65		1				
16		2					66	1					
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33	1						83						
34	1						84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	101						TOTAL DEP.						
TOTAL CLAIMS	107						TOTAL CLAIMS						